Application or Docket Number: **10 823 059**

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	24	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	24 minus 20=	4
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐

	SMALL ENTITY RATE	FEE		OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE		295	OR	BASIC FEE	
	X$ 9=	36	OR	X$18=	
	X43=		OR	X86=	
	+145=		OR	+290=	
	TOTAL	431	OR	TOTAL	

CLAIMS AS AMENDED - PART II

11/24/04

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	24	Minus	24	
Independent	3	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY RATE	ADDITIONAL FEE		OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

4-17-06

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	11	Minus	24	
Independent	2	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY RATE	ADDITIONAL FEE		OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT. FEE	

(N.E) Incomplete listing of clms

1/24/07

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	11	Minus	24	
Independent	2	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY RATE	ADDITIONAL FEE		OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT FEE		OR	TOTAL ADDIT FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1

FORM PTO-875

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